

Michigan Health Maintenance Organization Plans, Inc. (in Liquidation)

Formerly OmniCare Health Plan in Rehabilitation

"PROOF OF CLAIM" INSTRUCTIONS

MICHIGAN HEALTH MAINTENANCE ORGANIZATION PLANS, INC. in LIQUIDATION ("The Michigan HMO Plans")

(FORMERLY 'OMNICARE HEALTH PLAN IN REHABILITATION')

YOUR CLAIM MUST BE FILED IN ACCORDANCE WITH THESE INSTRUCTIONS AND POSTMARKED NO LATER THAN MARCH 31, 2005, (THE "BAR DATE") FOR YOU TO PARTICIPATE IN THE DISTRIBUTION OF THE MICHIGAN HMO PLANS ASSETS. FAILURE TO RETURN THE COMPLETED "PROOF OF CLAIM FORM" WILL RESULT IN DENIAL OF YOUR CLAIM.

1. General Instructions. Please print legibly in ink or type. All blanks must be completed; if requested information is not available, please mark the blank "not available." You must attach to your "Proof of Claim" all supporting documents, contracts and invoices. If documentation is voluminous, please attach a summary. (Providers only: Claims that have already been processed by OmniCare will be submitted to you under separate cover by summary report by January 1, 2005. If you agree with the total amount shown as owed to you for these claims, complete and sign the "Proof of Claim" and return with the summary reported as your documentation. Additional "Proof of Claim" forms must be submitted for all other claims you may have not included therein.) **Retain a copy of your "Proof of Claim" and supporting documents.**
2. Additional Pages. If the space provided for any item is inadequate, note "continued" in the appropriate place(s) and continue the item(s) preceded by the item number on an additional 8½ x 11 inch sheet of paper. Be sure to attach securely all additional pages to the form before filing.
3. Setoffs or Counterclaims. Enter the amount of all payments or debts, if any, which you currently owe to MICHIGAN HMO PLANS.
4. Signatures. All claims must be verified to be true and correct by the claimant or someone authorized to act on the claimant's behalf and having knowledge of the facts. **KNOWINGLY PRESENTING A FALSE CLAIM MAY RESULT IN THE IMPOSITION OF CRIMINAL PENALTIES.**
5. Change of Address. You are required to notify the Liquidator of address changes. If changes are made to any payee information, attach a W-9 form. Failure to do this may jeopardize your chance of receiving a recovery from The Michigan HMO Plans.
6. Claim Processing Procedures: Claims will be adjudicated in accordance with Omnicare Health Plan (in Rehabilitation) business rules in the provider manual. Appeal guidelines are outlined in paragraph B., below. **PROVIDERS ARE PROHIBITED BY LAW FROM BILLING MEMBERS.**
7. Deadline ("Bar Date") and Where to File the "Proof of Claim". The completed and signed "Proof of Claim" must be filed with the Liquidator by first class mail or overnight mail on or before March 31, 2005. For overnight mail, visit our website for instructions. If by first class mail, send to the following address:

**Michigan HMO Plans in Liquidation
P.O. Box 07370
Detroit, MI 48307-7309**

Inquiries:

- Write to this address
- Website links: ochp.com
- 1(888) 640-9855

Claim Determination Process and Timing

- A. Upon receipt of your "Proof of Claim", the Liquidator will attempt to determine and notify you within ninety days (90) of receiving your "Proof of Claim" if the claim is denied, or allowed and the amount allowed.
- B. If there are objections to the Liquidator's "Proof of Claim" determination, claimant must file an appeal with the Liquidator within sixty (60) days from the date the notice of determination is mailed to you. The appeal should include all additional information for reconsidering the "Proof of Claim". If the Liquidator does not alter her denial of the claim, the Liquidator shall ask the Court for a hearing as soon as practicable and shall notify the claimant not less than ten (10) nor more than thirty (30) days before the date of the hearing for Court determination of the claim.
- C. After the total amount of all allowed "Proof of Claims" against the estate is determined and in accordance with their priority level for distribution pursuant to Michigan law, the Court will then approve payment of those claims based on the available funds remaining in the estate. The Liquidator will not know the amount to be paid on an individual claim until all claims are evaluated and all available assets of the estate are recovered.

The Liquidator's acceptance of a "Proof of Claim" does not constitute a waiver or relinquishment by the Liquidator of any defense, setoff, or counterclaim that may exist against any person, entity or governmental agency regarding any actions pursued by the Liquidator on behalf of The Michigan HMO Plans or its members, providers, claimants and creditors.

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